





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Customer Number 2 1 8 3 9

| | Box 1450 andria, VA 223 | 13-1450 | | |
|----------|--------------------------------|---|--|---------|
| Sir: | | | | |
| | Enclosed for | or filing is the utility | y patent application entitled: | |
| | Oxide Coat | ted Cutting Tool | | |
| | | | | |
| | | | | |
| by th | ne following nar | med inventor(s): | | |
| | Ljungberg, | Bjorn | · . | |
| | | | | |
| X | Applicant(s) su and patent. | uggests Figure <u>1</u> | for inclusion on the front page of the patent application publication | |
| | | quests that the pu -811 81 Sandviker | blished application include the following assignment information: n, Sweden | |
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| | | .,, | | |
| • | | | | |
| <u>.</u> | Small entity sta | atus is claimed. | | |
| Also | enclosed are: | • | | |
| DRA | WINGS: | 2 sheets of | f formal drawings sheets of informal drawings | |
| DEC | LARATION: | ☐ will follow | 🗷 executed, is enclosed | |
| ASS | IGNMENT: | ☐ is enclosed | ⊠ will follow | |



Attorney Docket No. 024445-451
Application No. Unassigned

| PRIORITY JNDER 35 U.S.C. | Country | Appl. No. | Filing DateMM-DD-YYYY |
|--------------------------------|---|---------------------------------|-----------------------|
| 119 and/or 65: | Sweden | 0300930-5 | 04-01-2003 |
| | | | |
| | | | |
| | certified copy(ies) enclosed | certified copy(| ies) will follow |
| OTHER PAPERS: | ☐ A General Authorization for Petitions | s for Extensions of Time and Pa | · |
| OTHER PAPERS: | ☐ A General Authorization for Petitions☐ An Information Disclosure Statemen☐ An Application Data Sheet (ADS). | s for Extensions of Time and Pa | ayment of Fees. |
| OTHER PAPERS: | ☐ A General Authorization for Petitions☐ An Information Disclosure Statemen☐ An Application Data Sheet (ADS). | s for Extensions of Time and Pa | ayment of Fees. |
| OTHER PAPERS: | ☐ A General Authorization for Petitions☐ An Information Disclosure Statemen☐ An Application Data Sheet (ADS). | s for Extensions of Time and Pa | ayment of Fees. |

| CLAIMS | | | | | |
|--|------------------|-------------|--------------|--------------------|-----------|
| | No. of Claims | _ | Extra Claims | Rate | Fee |
| Basic Application Fe | e (1001) | | | | \$ 770.00 |
| Total Claims | 18 | MINUS 20 = | 0 | x \$18.00 (1202) = | \$ 0.00 |
| Independent Claims | 2 | MINUS 3 = | 0 | x \$86.00 (1201) = | \$ 0.00 |
| If multiple dependent claims are presented, add \$290.00 (1203) | | | | | |
| Total Application Fee | | | \$ 770.00 | | |
| Small Entity Status claimed - subtract 50% of Total Application Fee | | | | \$ 0.00 | |
| Add Assignment Recording Fee of \$40.00 (8021) if Assignment document is enclosed. | | | • | | |
| TOTAL APPLICATION FEE DUE | | | \$ 770.00 | | |

| This application is being filed without a filing fee. | Issuance of a Notice | to File Missing | Parts of Application |
|---|----------------------|-----------------|----------------------|
| is respectfully requested. | | | |

| Attorney Docket No. | 024445-451 | | |
|---------------------|------------|--|--|
| Application No. | Unassigned | | |

| | Charge to Deposit Account No. 02-4800 for the fee due. |
|-----|--|
| × | A check in the amount of \$\frac{\$770.00}{}\$ is enclosed for the fee due. |
| | Payment by credit card. Form PTO-2038 is attached. |
| X | The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate. |
| Ple | ase address all correspondence concerning this application to: |
| | Burns, Doane, Swecker & Mathis, L.L.P. Customer Number 2 1 8 3 9 P.O. Box 1404 |
| | Alexandria, Virginia 22313-1404 |
| | |
| | Respectfully submitted, |
| | BURNS, DOANE, SWECKER & MATHIS, L.L.P. |
| P.C | De 1404 |

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Filed: March 24, 2004